

Calendar No. 785

108TH CONGRESS
2D SESSION**S. 1217****[Report No. 108–395]**

To direct the Secretary of Health and Human Services to expand and intensify programs with respect to research and related activities concerning elder falls.

IN THE SENATE OF THE UNITED STATES

JUNE 9, 2003

Mr. ENZI (for himself, Ms. MIKULSKI, Mrs. MURRAY, Mr. BAUCUS, Mr. GRASSLEY, Mr. COCHRAN, Mr. LAUTENBERG, Mr. BINGAMAN, and Mr. BUNNING) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

OCTOBER 8, 2004

Reported by Mr. GREGG, with an amendment and an amendment to the title
[Strike out all after the enacting clause and insert the part printed in *italic*]

A BILL

To direct the Secretary of Health and Human Services to expand and intensify programs with respect to research and related activities concerning elder falls.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Elder Fall Prevention
3 Act of 2003”.

4 **SEC. 2. FINDINGS.**

5 The Congress finds as follows:

6 (1) Falls are the leading cause of injury deaths
7 among individuals who are over 65 years of age.

8 (2) By 2030, the population of individuals who
9 are 65 years of age or older will double. By 2050,
10 the population of individuals who are 85 years of
11 age or older will quadruple.

12 (3) In 2000, falls among elderly individuals ac-
13 counted for 10,200 deaths and 1,600,000 emergency
14 department visits.

15 (4) Sixty percent of fall-related deaths occur
16 among individuals who are 75 years of age or older.

17 (5) Twenty-five percent of elderly persons who
18 sustain a hip fracture die within 1 year.

19 (6) Hospital admissions for hip fractures
20 among the elderly have increased from 231,000 ad-
21 missions in 1988 to 332,000 in 1999. The number
22 of hip fractures is expected to exceed 500,000 by
23 2040.

24 (7) Annually, more than 64,000 individuals who
25 are over 65 years of age sustain a traumatic brain
26 injury as a result of a fall.

1 (8) Annually, 40,000 individuals who are over
2 65 years of age visit emergency departments with
3 traumatic brain injuries suffered as a result of a
4 fall, of which 16,000 of these individual are hospital-
5 ized and 4,000 of these individuals die.

6 (9) The rate of fall-induced traumatic brain in-
7 juries for individual who are 80 years of age or older
8 increased by 60 percent from 1989 to 1998.

9 (10) The estimated total cost for non-fatal
10 traumatic brain injury-related hospitalizations for
11 falls in individuals who are 65 years of age or older
12 is more than \$3,250,000,000. Two-thirds of these
13 costs occurred among individual who were 75 years
14 of age or older.

15 (11) The costs to the Medicare and Medicaid
16 programs and society as a whole from falls by elder-
17 ly persons continue to climb much faster than infla-
18 tion and population growth. Direct costs alone will
19 exceed \$32,000,000,000 in 2020.

20 (12) The Federal Government should devote ad-
21 ditional resources to research regarding the preven-
22 tion and treatment of falls in residential as well as
23 institutional settings.

24 (13) A national approach to reducing elder
25 falls, which focuses on the daily life of senior citizens

1 in residential, institutional, and community settings
 2 is needed. The approach should include a wide range
 3 of organizations and individuals including family
 4 members, health care providers, social workers, ar-
 5 chitects, employers and others.

6 (14) Reducing preventable adverse events, such
 7 as elder falls, is an important aspect to the agenda
 8 to improve patient safety.

9 **SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE**
 10 **ACT.**

11 Title III of the Public Health Service Act (42 U.S.C.
 12 241 et seq.) is amended by adding at the end the fol-
 13 lowing:

14 **“PART R—PREVENTION OF ELDER FALLS**

15 **“SEC. 399AA. PURPOSES**

16 “The purposes of this title are—

17 “(1) to develop effective public education strate-
 18 gies in a national initiative to reduce elder falls in
 19 order to educate the elders themselves, family mem-
 20 bers, employers, caregivers, and others who touch
 21 the lives of senior citizens;

22 “(2) to expand needed services and conduct re-
 23 search to determine the most effective approaches to
 24 preventing and treating elder falls; and

1 “(3) to require the Secretary to evaluate the ef-
 2 fect of falls on the costs of medicare and medicaid
 3 and the potential for reducing costs by expanding
 4 education, prevention, and elderly intervention serv-
 5 ices covered under these two programs.

6 **“SEC. 399AA-1. PUBLIC EDUCATION.**

7 “Subject to the availability of appropriations, the Ad-
 8 ministration on Aging within the Department of Health
 9 and Human Services shall—

10 “(1) oversee and support a three-year national
 11 education campaign to be carried out by the Na-
 12 tional Safety Council to be directed principally to el-
 13 ders, their families, and health care providers and
 14 focusing on ways of reducing the risk of elder falls
 15 and preventing repeat falls; and

16 “(2) provide grants to qualified organizations
 17 and institutions for the purpose of organizing State-
 18 level coalitions of appropriate State and local agen-
 19 cies, safety, health, senior citizen and other organi-
 20 zations to design and carry out local education cam-
 21 paigns, focusing on ways of reducing the risk of
 22 elder falls and preventing repeat falls.

23 **“SEC. 399AA-2. RESEARCH.**

24 “(a) IN GENERAL.—Subject to the availability of ap-
 25 propriations, the Secretary shall—

1 “(1) conduct and support research to—

2 “(A) improve the identification of elders
3 who have a high risk of falling;

4 “(B) improve data collection and analysis
5 to identify fall risk and protective factors;

6 “(C) design, implement, and evaluate fall
7 prevention interventions to identify the most ef-
8 fective of the numerous potential strategies
9 available;

10 “(D) improve strategies that are proven to
11 be effective in reducing falls by tailoring these
12 strategies to specific elderly populations;

13 “(E) conduct research in order to maxi-
14 mize the dissemination of proven, effective fall
15 prevention interventions;

16 “(F) expand proven interventions to pre-
17 vent elder falls;

18 “(G) improve the diagnosis, treatment, and
19 rehabilitation of elderly fall victims; and

20 “(H) assess the risk of falls occurring in
21 various settings;

22 “(2) conduct research concerning barriers to
23 the adoption of proven interventions with respect to
24 the prevention of elder falls (such as medication re-
25 view and vision enhancement);

1 ~~“(3) conduct research to develop, implement,~~
 2 ~~and evaluate the most effective approaches to reduc-~~
 3 ~~ing falls among very high risk elders living in nurs-~~
 4 ~~ing homes, assisted living, and other types of long-~~
 5 ~~term care facilities; and~~

6 ~~“(4) evaluate the effectiveness of community~~
 7 ~~programs to prevent assisted living and nursing~~
 8 ~~home falls by elders.~~

9 ~~“(b) ADMINISTRATION.—In carrying out subsection~~
 10 ~~(a), the Secretary shall—~~

11 ~~“(1) conduct research and surveillance activities~~
 12 ~~among community-dwelling and institutionalized el-~~
 13 ~~ders through the Director of the Centers for Disease~~
 14 ~~Control and Prevention;~~

15 ~~“(2) conduct research related to elder fall pre-~~
 16 ~~vention in health care delivery settings and clinical~~
 17 ~~treatment and rehabilitation of elderly fall victims~~
 18 ~~through the Director of the Agency for Healthcare~~
 19 ~~Research and Quality; and~~

20 ~~“(3) ensure the coordination of the activities~~
 21 ~~described in paragraphs (1) and (2).~~

22 ~~“(c) GRANTS.—The Secretary shall award grants to~~
 23 ~~qualified organizations and institutions to enable such or-~~
 24 ~~ganizations and institutions to provide professional edu-~~

1 cation for physicians and allied health professionals in
 2 elder fall prevention.

3 **~~“SEC. 399AA-3. DEMONSTRATION PROJECTS.~~**

4 ~~“Subject to the availability of appropriations, the~~
 5 ~~Secretary, acting through the Director of the Centers for~~
 6 ~~Disease Control and Prevention and in consultation with~~
 7 ~~the Director of the Agency for Healthcare Research and~~
 8 ~~Quality, shall carry out the following:~~

9 ~~“(1) Oversee and support demonstration and~~
 10 ~~research projects to be carried out by the National~~
 11 ~~Safety Council and other qualified organizations in~~
 12 ~~the following areas:~~

13 ~~“(A) A multi-State demonstration project~~
 14 ~~assessing the utility of targeted fall risk screen-~~
 15 ~~ing and referral programs.~~

16 ~~“(B) Programs designed for community-~~
 17 ~~dwelling elderly individuals that shall utilize~~
 18 ~~multi-component fall intervention approaches,~~
 19 ~~including physical activity, medication assess-~~
 20 ~~ment and reduction when possible, vision en-~~
 21 ~~hancement, and home modification strategies.~~

22 ~~“(C) Programs targeting newly-discharged~~
 23 ~~fall victims who are at a high risk for second~~
 24 ~~falls, which shall include modification projects~~
 25 ~~available to various living settings (in accord-~~

1 ance with accepted building codes and stand-
2 ards) and which are designed to maximize inde-
3 pendence and quality of life for elders, particu-
4 larly those elders with functional limitations.

5 “(D) Private sector and public-private
6 partnerships to develop technology to prevent
7 falls and prevent or reduce injuries if falls
8 occur.

9 “(2)(A) Provide grants to qualified organiza-
10 tions and institutions to design, implement, and
11 evaluate fall prevention programs using proven inter-
12 vention strategies in residential and institutional set-
13 tings.

14 “(B) Provide one or more grants to one or
15 more qualified applicants in order to carry out a
16 multi-State demonstration project to implement and
17 evaluate fall prevention programs using proven inter-
18 vention strategies designed for multi-family residen-
19 tial settings with high concentrations of elders, in-
20 cluding identifying high risk populations, evaluating
21 residential facilities, conducting screening to identify
22 high risk individuals, providing pre-fall counseling,
23 coordinating services with health care and social
24 service providers and coordinating post-fall treat-
25 ment and rehabilitation.

1 “(C) Provide one or more grants to qualified
 2 applicants to conduct evaluations of the effectiveness
 3 of the demonstration projects in this section.

4 **“SEC. 399AA-4. REVIEW OF REIMBURSEMENT POLICIES.**

5 “(a) IN GENERAL.—The Secretary shall undertake a
 6 review of the effects of falls on the costs of the medicare
 7 and medicaid programs and the potential for reducing
 8 costs by expanding services covered by these two pro-
 9 grams. This review shall include a review of the reimburse-
 10 ment policies of the medicare and medicaid programs in
 11 order to determine if additional fall-related education, pre-
 12 vention, and early prevention services should be covered
 13 or reimbursement guidelines should be modified.

14 “(b) REPORT.—Not later than 18 months after the
 15 date of the enactment of this title, the Secretary shall sub-
 16 mit to the Congress a report describing the findings of
 17 the Secretary in conducting the review under subsection
 18 (a).

19 **“SEC. 399AA-5. AUTHORIZATION OF APPROPRIATION.**

20 “‘In order to carry out this title, there are authorized
 21 to be appropriated—

22 “(1) to carry out the national public education
 23 provisions described in section 399AA-1(1),
 24 \$5,000,000 for each of fiscal years 2004 through
 25 2006;

1 ~~“(2) to carry out the State public education~~
 2 ~~campaign provisions of section 399AA-1(2),~~
 3 ~~\$8,000,000 for each of fiscal years 2004 through~~
 4 ~~2006;~~

5 ~~“(3) to carry out research projects described in~~
 6 ~~section 399AA-2, \$10,000,000 for each of fiscal~~
 7 ~~years 2004 through 2006;~~

8 ~~“(4) to carry out the demonstration projects de-~~
 9 ~~scribed in section 399AA-3(1), \$7,000,000 for each~~
 10 ~~of fiscal years 2004 through 2006; and~~

11 ~~“(5) to carry out the demonstration and re-~~
 12 ~~search projects described in section 399AA-3(2),~~
 13 ~~\$8,000,000 for each of fiscal years 2004 through~~
 14 ~~2006.”.~~

15 **SECTION 1. SHORT TITLE.**

16 *This Act may be cited as the “Keeping Seniors Safe*
 17 *From Falls Act of 2004”.*

18 **SEC. 2. FINDINGS.**

19 *Congress finds the following:*

20 *(1) Falls are the leading cause of injury deaths*
 21 *among individuals who are over 65 years of age.*

22 *(2) In 2000, falls among older adults accounted*
 23 *for 10,200 deaths and 1,600,000 emergency depart-*
 24 *ment visits.*

1 (3) *Hospital admissions for hip fractures among*
 2 *the elderly have increased from 231,000 admissions in*
 3 *1988 to 332,000 in 1999.*

4 (4) *Annually, more than 64,000 individuals who*
 5 *are over 65 years of age sustain a traumatic brain*
 6 *injury as a result of a fall.*

7 (5) *The total cost of all fall injuries for people*
 8 *age 65 and older was calculated in 1994 to be*
 9 *\$27,300,000,000 (in 2004 dollars).*

10 (6) *A national approach to reducing falls among*
 11 *older adults, which focuses on the daily life of senior*
 12 *citizens in residential, institutional, and community*
 13 *settings, is needed.*

14 **SEC. 3. AMENDMENTS TO THE PUBLIC HEALTH SERVICE**
 15 **ACT.**

16 *Part J of title III of the Public Health Service Act*
 17 *(42 U.S.C. 280b et seq.) is amended—*

18 (1) *by redesignating section 393B (as added by*
 19 *section 1401 of Public Law 106–386) as section 393C*
 20 *and transferring such section so that it appears after*
 21 *section 393B (as added by section 1301 of Public Law*
 22 *106–310); and*

23 (2) *by inserting after section 393C (as redesign-*
 24 *ated by paragraph (1)) the following:*

1 **“SEC. 393D. PREVENTION OF FALLS AMONG OLDER ADULTS.**

2 “(a) *PURPOSES.*—*The purposes of this section are—*

3 “(1) *to develop effective public education strate-*
 4 *gies in a national initiative to reduce falls among*
 5 *older adults in order to educate older adults, family*
 6 *members, employers, caregivers, and others;*

7 “(2) *to intensify services and conduct research to*
 8 *determine the most effective approaches to preventing*
 9 *and treating falls among older adults; and*

10 “(3) *to require the Secretary to evaluate the ef-*
 11 *fect of falls on health care costs, the potential for re-*
 12 *ducing falls, and the most effective strategies for re-*
 13 *ducing health care costs associated with falls.*

14 “(b) *PUBLIC EDUCATION.*—*The Secretary shall—*

15 “(1) *oversee and support a national education*
 16 *campaign to be carried out by a nonprofit organiza-*
 17 *tion with experience in designing and implementing*
 18 *national injury prevention programs, that is directed*
 19 *principally to older adults, their families, and health*
 20 *care providers, and that focuses on reducing falls*
 21 *among older adults and preventing repeat falls; and*

22 “(2) *award grants, contracts, or cooperative*
 23 *agreements to qualified organizations, institutions, or*
 24 *consortia of qualified organizations and institutions,*
 25 *for the purpose of organizing State-level coalitions of*
 26 *appropriate State and local agencies, safety, health,*

1 *senior citizen, and other organizations to design and*
 2 *carry out local education campaigns, focusing on re-*
 3 *ducing falls among older adults and preventing re-*
 4 *peat falls.*

5 “(c) *RESEARCH.*—

6 “(1) *IN GENERAL.*—*The Secretary shall—*

7 “(A) *conduct and support research to—*

8 “(i) *improve the identification of older*
 9 *adults who have a high risk of falling;*

10 “(ii) *improve data collection and anal-*
 11 *ysis to identify fall risk and protective fac-*
 12 *tors;*

13 “(iii) *design, implement, and evaluate*
 14 *the most effective fall prevention interven-*
 15 *tions;*

16 “(iv) *improve strategies that are prov-*
 17 *en to be effective in reducing falls by tai-*
 18 *loring these strategies to specific popu-*
 19 *lations of older adults;*

20 “(v) *conduct research in order to maxi-*
 21 *mize the dissemination of proven, effective*
 22 *fall prevention interventions;*

23 “(vi) *intensify proven interventions to*
 24 *prevent falls among older adults;*

1 “(vii) improve the diagnosis, treat-
 2 ment, and rehabilitation of elderly fall vic-
 3 tims; and

4 “(viii) assess the risk of falls occurring
 5 in various settings;

6 “(B) conduct research concerning barriers
 7 to the adoption of proven interventions with re-
 8 spect to the prevention of falls among older
 9 adults;

10 “(C) conduct research to develop, imple-
 11 ment, and evaluate the most effective approaches
 12 to reducing falls among high-risk older adults
 13 living in long-term care facilities; and

14 “(D) evaluate the effectiveness of community
 15 programs to prevent assisted living and nursing
 16 home falls among older adults.

17 “(2) *EDUCATIONAL SUPPORT.*—The Secretary,
 18 either directly or through awarding grants, contracts,
 19 or cooperative agreements to qualified organizations,
 20 institutions, or consortia of qualified organizations
 21 and institutions, shall provide professional education
 22 for physicians and allied health professionals in fall
 23 prevention.

24 “(d) *DEMONSTRATION PROJECTS.*—The Secretary
 25 shall carry out the following:

1 “(1) *Oversee and support demonstration and re-*
 2 *search projects to be carried out by qualified organi-*
 3 *zations, institutions, or consortia of qualified organi-*
 4 *zations and institutions, in the following areas:*

5 “(A) *A multistate demonstration project as-*
 6 *sessing the utility of targeted fall risk screening*
 7 *and referral programs.*

8 “(B) *Programs designed for community-*
 9 *dwelling older adults that utilize multicompo-*
 10 *nent fall intervention approaches, including*
 11 *physical activity, medication assessment and re-*
 12 *duction when possible, vision enhancement, and*
 13 *home modification strategies.*

14 “(C) *Programs that are targeted to newly*
 15 *discharged fall victims who are at a high risk for*
 16 *second falls and which are designed to maximize*
 17 *independence and quality of life for older adults,*
 18 *particularly those older adults with functional*
 19 *limitations.*

20 “(D) *Private sector and public-private part-*
 21 *nerships to develop technology to prevent falls*
 22 *among older adults and prevent or reduce inju-*
 23 *ries if falls occur.*

24 “(2)(A) *Award grants, contracts, or cooperative*
 25 *agreements to qualified organizations, institutions, or*

1 *consortia of qualified organizations and institutions,*
 2 *to design, implement, and evaluate fall prevention*
 3 *programs using proven intervention strategies in resi-*
 4 *dential and institutional settings.*

5 *“(B) Award 1 or more grants, contracts, or coop-*
 6 *erative agreements to 1 or more qualified organiza-*
 7 *tions, institutions, or consortia of qualified organiza-*
 8 *tions and institutions, in order to carry out a*
 9 *multistate demonstration project to implement and*
 10 *evaluate fall prevention programs using proven inter-*
 11 *vention strategies designed for multifamily residential*
 12 *settings with high concentrations of older adults, in-*
 13 *cluding—*

14 *“(i) identifying high-risk populations;*

15 *“(ii) evaluating residential facilities;*

16 *“(iii) conducting screening to identify high-*
 17 *risk individuals;*

18 *“(iv) providing pre-fall counseling;*

19 *“(v) coordinating services with health care*
 20 *and social service providers; and*

21 *“(vi) coordinating post-fall treatment and*
 22 *rehabilitation.*

23 *“(3) Award 1 or more grants, contracts, or coop-*
 24 *erative agreements to qualified organizations, institu-*
 25 *tions, or consortia of qualified organizations and in-*

1 stitutions, to conduct evaluations of the effectiveness of
 2 the demonstration projects described in this sub-
 3 section.

4 “(e) *STUDY OF EFFECTS OF FALLS ON HEALTH CARE*
 5 *COSTS.*—

6 “(1) *IN GENERAL.*—The Secretary shall conduct
 7 a review of the effects of falls on health care costs, the
 8 potential for reducing falls, and the most effective
 9 strategies for reducing health care costs associated
 10 with falls.

11 “(2) *REPORT.*—Not later than 36 months after
 12 the date of enactment of the *Keeping Seniors Safe*
 13 *From Falls Act of 2004*, the Secretary shall submit to
 14 Congress a report describing the findings of the Sec-
 15 retary in conducting the review under paragraph
 16 (1).”.

Amend the title so as to read: “A bill to direct the Secretary of Health and Human Services to intensify programs with respect to research and related activities concerning falls among older adults.”.

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[Report No. 108-395]

A BILL

To direct the Secretary of Health and Human Services to expand and intensify programs with respect to research and related activities concerning elder falls.

OCTOBER 8, 2004

Reported with an amendment and an amendment to the title